

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009233

Entity Name: WHISPERING MANES THERAPEUTIC RIDING CENTER, INC.**Current Principal Place of Business:**6105 SW 125TH AVENUE
MIAMI, FL 33183**Current Mailing Address:**6105 SW 125TH AVENUE
MIAMI, FL 33183 US**FEI Number:** 27-3697303**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PICARD, HELEN
6105 SW 125TH AVENUE
MIAMI, FL 33183 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** HELEN PICARD

02/11/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXECUTIVE DIRECTOR
Name PICARD, HELEN
Address 7962 SW 86TH TERRACE
City-State-Zip: MIAMI FL 33143

Title OFFICER, DIRECTOR
Name ALTMAN, AMANDA
Address 18071 BISCAYNE BLVD
PH2
City-State-Zip: AVENTURA FL 33160

Title DIRECTOR
Name KLEIN, MIKE
Address 2000 NORTH BAYSHORE
114
City-State-Zip: MIAMI FL 33137

Title DIRECTOR, TREASURER
Name GONZALEZ, CLAUDIA
Address 5325 DAVIS ROAD
City-State-Zip: MIAMI FL 33143

Title DIRECTOR, CHAIRMAN
Name FRECHETTE, SHAWN
Address 2000 NORTH BAYSHORE
APT. 114
City-State-Zip: MIAMI FL 33137

Title DIRECTOR
Name JACOBS, CYNTHIA
Address 1040 WEST 47TH STREET
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR
Name HECTOR, NANCY
Address 1025 S. ALHAMBRA CIRCLE
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR
Name KING, JEFFREY
Address 14601 SW 79 STREET
City-State-Zip: MIAMI FL 33183

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HELEN PICARD

EXECUTIVE DIRECTOR

02/11/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, SECRETARY
Name KUHL, HEATHER DR.
Address 11731 NW 27TH STREET
City-State-Zip: PLANTATION FL 33323

Title DIRECTOR
Name DEMARIA -KOEHNE, SISSY
Address 909 ALGARINGO AVE.
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name AGUILA, MAILE
Address 21605 SW 152 AVENUE
City-State-Zip: MIAMI FL 33170